

**FENWICK & WEST LLP**

Silicon Valley Center • 801 California Street • Mountain View, CA 94041

Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION**CONFIDENTIAL****RECEIVED
CENTRAL FAX CENTER****NOV 08 2004****DATE:** November 8, 2004**CLIENT No.:** 24498**To:**

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Robert A. Hulse, Reg. No. 48,473 **PHONE:** (415) 875-2444

NUMBER OF PAGES WITH COVER PAGE: 10

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Attached are Revocation and Substitute Power of Attorney forms in the following applications/patents:

10/861,816	10/384,374
60/583,834	
6,271,917	
6,388,794	
09/869,371	
10/062,607	
09/848,614	

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

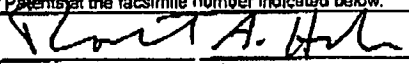
IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Tiffany Bell AT (415) 875-2445 AS SOON AS POSSIBLE.

24498/09463/SF/5131797.1

0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	N/A		
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>				Filing Date	N/A		
				First Named Inventor	N/A		
				Examiner			
				Group Art Unit			
Total Number of Pages in This Submission		9	Attorney Docket Number				

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney
<input type="checkbox"/> Return Receipt Postcard	10/881,816
<input type="checkbox"/> Response to Notice to File Missing Parts	60/583,834
<input type="checkbox"/> Assignment & Recordation Cover Sheet	8,271,917
<input type="checkbox"/> Declaration	6,388,794
<input type="checkbox"/> Power of Attorney	09/869,371
<input type="checkbox"/> Application Data Sheet	10/062,607
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	09/848,614
<input type="checkbox"/> Copies of IDS Cited References	10/384,374
<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Request for Correction of Recorded Assignment	
<input type="checkbox"/> Amendment/Response: [] Page(s)	
<input type="checkbox"/> After Final	
<input type="checkbox"/> Status Request	
<input type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos.	
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Robert A. Hulse, Reg. No. 48,473	Dated:	November 8, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Robert A. Hulse	Dated:	November 8, 2004
Facsimile Number:	1-703-872-9308		

**REVOCATION OF POWER OF
ATTORNEY AND NEW POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/848,614
Filing Date	May 3, 2001
First Named Inventor	Thomas W. Hagler
Art Unit	2877
Examiner Name	Zandra V. Smith
Attorney Docket Number	24498-09461

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioners at Customer Number

00758

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



Practitioners at Customer Number

00758

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

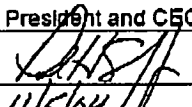


Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Paul Salsgiver
Title	President and CEO
Signature	
Date	11/5/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of One form is submitted.

24498/09461/SF/5131209.1